



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## CREDIT COUNSELOR PROCTOR REGISTRATION FORM

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 et seq.  
[www.sccoconsumer.gov](http://www.sccoconsumer.gov)  
803-734-4236

**Street Address**  
3600 Forest Drive  
Columbia, SC 29204-4406

The S.C. Department of Consumer Affairs requires completion and passage of a proctored exam before a Certificate of Completion is issued for department-sponsored continuing education videos. Please follow the procedures below for issuance of a Proctor Certificate.

Each organization must select a person to become the Proctor for the South Carolina examinations.

### PROCTOR REQUIREMENTS

- Designated person must complete a Proctor Registration Form.
- A Proctor must be a notary with seal included (it is acceptable to use a notary from the same company as the licensee).

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last)

Mailing Address: \_\_\_\_\_  
(Street Address/P.O. Box) (City) (State) (Zip Code)

Telephone No.: ( ) - Fax No: ( ) - E-Mail: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street Address/P.O. Box) (City) (State) (Zip Code)

I hereby apply to become a Proctor for the above-named organization, and I attest to having qualities of honesty, integrity, and trustworthiness. I have not had any civil judgment entered against me based on fraud, misrepresentation, or deceit.

**I have read and agree to comply with the Instructions for a Designated Proctor.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Title

I, as owner, partner, member, or officer acknowledge and approve the above-named person to serve as Proctor for our organization listed below.

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Title: \_\_\_\_\_

**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
**CREDIT COUNSELOR**  
**PROCTOR CERTIFICATION OF IDENTITY**

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*I hereby certify that the below-referenced licensee(s) have presented identification as described and completed the examination(s) in person.*

Licensee(s) Name:	Driver's License Number
_____	_____
_____	_____
_____	_____
_____	_____
	_____

Date Exam Taken: \_\_\_\_\_

Proctor's Printed Name: \_\_\_\_\_ Proctor's Employer: \_\_\_\_\_

Proctor's Signature \_\_\_\_\_ Proctor's Telephone Number: \_\_\_\_\_

Notary Seal